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Bib Data Sheet

CONFIRMATION NO. 6927

|  |   |                               |   |   |
|--|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/666,524   | <b>FILING DATE</b><br>09/20/2000<br><b>RULE</b>   | <b>CLASS</b><br>324           | <b>GROUP ART UNIT</b><br>2862   | <b>ATTORNEY DOCKET NO.</b><br>1884.1020-006 |
| <b>APPLICANTS</b><br>Neil J. Goldfine, Newton, MA;<br>Darrell E. Schlicker, Watertown, MA;<br>Andrew P. Washabaugh, Chula Vista, CA;<br>Vladimir A. Zilberstein, Chestnut Hill, MA;<br>Vladimir Tsukernik, West Roxbury, MA;   |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CIP OF 09/656,723 09/07/2000 ABN<br>WHICH CLAIMS BENEFIT OF 60/203,744 05/12/2000<br>AND CLAIMS BENEFIT OF 60/155,038 09/20/1999  |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 11/02/2000</b>   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>                    </u> Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>48   | <b>TOTAL CLAIMS</b><br>144                  |
| <b>INDEPENDENT CLAIMS</b><br>11  |   |                               |   |   |
| <b>ADDRESS</b><br>James M Smith Esq<br>Hamilton Brook Smith & Reynolds PC<br>Two Militia Drive<br>Lexington ,MA 02421-4799   |   |                               |   |   |
| <b>TITLE</b><br>Surface mounted and scanning spatially periodic eddy-current sensor arrays   |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>3792   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |